## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)				PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
United We Can				C C00523621
Check if 24-hour report 48-hour report	rt New repe	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee 1199 SERVICE EMPLOYEES INT'L UNIC	N FEDERAL POLITI	CAL ACTION FUND		of Public Distribution/Dissemination
Mailing Address 330 WEST 42ND STREET 7	TH FLOOR		Amour	10 11 2016 nt
City	State	Zip Code		241425.58
NY	NY	10036		action ID : D368172 of Disbursement or Obligation
Purpose of Expenditure Salary, Benefits & Other Canvass-Related Ex	penses	Category/ Type 001	М	10 11 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	<b>x</b> Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought		0986801.79	Disbursement 2016 Of	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee 1199 SERVICE EMPLOYEES INT'L UNI	ON FEDERAL POLI	TICAL ACTION FUN	D	of Public Distribution/Dissemination
Mailing Address 330 WEST 42ND STREET	7TH FLOOR		Amou	للننبا لبا لن
City	State	Zip Code		362138.37
NY	NY	10036		oction ID: D368173 of Disbursement or Obligation
Purpose of Expenditure Salary, Benefits & Other Canvass-Related Ex	penses	Category/ Type 001		10 / 11 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
TRUMP, DONALD J, , ,		<b>x</b> Oppose	<b>X</b> Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought		10986801.79	Disbursemen 2016 O	t For:
(a) CURTOTAL of the mineral landers and set 5 min				
(a) SUBTOTAL of Itemized Independent Expe	naitures		•	603563.95
(b) SUBTOTAL of Unitemized Independent Ex	openditures		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized	•		•
Hudson, Gerald, , ,	[Electron	ically Filed] Date	e 10	13 2016
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	<b>L</b> /( <b>L</b> /( <b>L</b> )	TI OTTES				PAGE 2 FOR SE OF	OF FORM 24/4	4 48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION		
United We Can						C00523621	J. 1. 1	
					U	000323021		
Check if 24-hour report 48-hour report	New repo	ort Amends	s report		- M /	D   D /	Y	Y
Full Name of Payee				Date of	of Public	Distribution	/Disseminati	ion
SEIU Florida State Council				М	10 /	08	2016	Y
Mailing Address 14645 NW 77th Ave				Amou				
Suite 201				Amou	nı			
City	State	Zip Code			,		38.1	0
Hialeah	FL	33014				<b>D : D368166</b> rsement or 0	Obligation	
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-ReExpenses	elated	Category/ Type	001		10 /	08	2016	Y
Name of Federal Candidate		<b>✗</b> Supp	oort C	 Dffice Sough	t: 🔻	House	District:	13
CRIST, CHARLIE JOSEPH, , ,		Oppo		Preside	_	Senate		FL
Calendar Year-To-Date				Disbursemen	t For:	Primary	<b>X</b> Ge	neral
Per Election for Office Sought		61943.63	016 o	6 Other (specify) ▶				
Full Name of Payee				Date	of Public	Distribution	/Disseminat	ion
The Pivot Group				IV	10 /	11	2016	
Mailing Address 1720 I Street, NW Suite 550						-:-	2010	
				Amou	nt ————			
City	State	Zip Code			1 -0		1731.6	0
Washington	DC	20006				: <b>D368169</b> rsement or (	Obligation	
Purpose of Expenditure Voter Canyass Literature		Category/	006			D D /	YYY	Y
Voter Carryass Literature		Туре	000	]   L	10	11	2016	
Name of Federal Candidate		<b>x</b> Supp	port	Office Sough	t:	House	District:	
CLINTON, HILLARY RODHAM, , ,		Орро	ose	<b>X</b> Preside	ent	Senate	State:	
Calendar Year-To-Date				Disbursemen	t For:	Primary	∕ <b>X</b> Ge	neral
Per Election for Office Sought		10986801.79		<sup>2016</sup>	ther (sp	ecify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	3		)	·	-		1769.70	)
								_
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			<b>-</b>	-			
(c) TOTAL Independent Expenditures			_					-
(c) TOTAL mappoindone Exponential					-	7		
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized							
Hudson, Gerald, , ,	[Electron	ically Filed]	Date	10 /	13	/	6	
Signature								

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	AI LIIDII OILLO	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
United We Can		C C00523621
Check if 24-hour report <b>X</b> 48-hour report	New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination
The Pivot Group		10 11 Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW Suite 550		Amount
City Sta	te Zip Code	1731.60
Washington Do	20006	Transaction ID : D368170 Date of Disbursement or Obligation
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	10 11 2016
Name of Federal Candidate	Support Offic	e Sought: House District:
TRUMP, DONALD J, , ,	X Oppose X	
Calendar Year-To-Date Per Election for Office Sought	10986801.79 Disb 2016	ursement For: Primary   General  Other (specify)
Full Name of Payee	·	Date of Public Distribution/Dissemination
The Pivot Group		M M / D D / Y Y Y Y
Mailing Address 1720 I Street NW Suite 550		10 11 2016
Mailing Address 1720 I Street, NW Suite 550		Amount
City Sta	te Zip Code	1731.60
Washington	C 20006	Transaction ID : D368171 Date of Disbursement or Obligation
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	10 11 2016
Name of Federal Candidate	<b>x</b> Support Office	e Sought: House District:
MCGINTY, KATHLEEN ALANA, , ,	Oppose	President X Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	279981.60 Disb 2010	ursement For: Primary
(-) CURTOTAL of Hamined Independent Evpanditures		0,000
(a) SUBTOTAL of Itemized Independent Expenditures	•	3463.20
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	7 7 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either	
Hudson, Gerald, , ,	[Electronically Filed] Date	10 13 2016
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
United We Can	C IDENTIFICATION NUMBER ▼ C00523621
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Page	
Full Name of Payee SEIU Florida State Council PAC	Public Distribution/Dissemination
Mailing Address 14645 NW 77th Ave	
Ste 201	
	304.81 ion ID : D368167 bisbursement or Obligation
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses  Category/ Type  001	
Name of Federal Candidate Support Office Sought:	House District:
TRUMP, DONALD J, , ,	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	or: Primary <b>X</b> General
	Public Distribution/Dissemination
SEIU Florida State Council PAC	
Mailing Address 14645 NW 77th Ave	
Ste 201	
City State Zip Code	50.80
Date of D	on ID : D368168 Disbursement or Obligation
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses  Category/ Type  001	08 / 2016
Name of Federal Candidate  Support  Office Sought:	House District:
CLINTON, HILLARY RODHAM, , , Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	355.61
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	609152.46
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y